

# **ASSAULTIVE OFFENDER PROGRAM**

## ***PROGRAM STATEMENT***

**June 3, 2002**

**Michigan Department of Corrections**

**Administration and Programs**

**Bureau of Health Care Services**

**Psychological Services Unit**

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### **I. Introduction/Overview**

The Assaultive Offender Program (AOP) is an organized group psychotherapy program for use by the Bureau of Health Care Services (BHCS) Psychological Services Unit (PSU) therapists in the treatment of assaultive offenders. Offenders who engage in assaultive crimes present a particular risk of physical harm to others in prison and to the community upon release from prison. The PSU recognized the need to focus attention on this target population and developed the AOP. The AOP's primary goal is the treatment of assaultive prisoners by providing them an opportunity to (a) gain increased understanding of their problem behaviors and (b) develop new skills as needed to manage their assaultive behaviors. The focus is on those prisoners who demonstrate the motivation and desire to behave in a less assaultive fashion. Each PSU therapist will utilize the AOP as a standard structure for providing assaultive offender treatment.

During the design and implementation of AOP interventions for the individual, therapists will remain aware of and sensitive to the array of factors, characteristics and circumstances which may be relevant to an individual's assaultive behavior (e.g., cultural, ethnic or socioeconomic background).

This program statement describes the following *components* of the AOP:

- X Recommendation and Referral for AOP Assessment
- X AOP Assessment
- X AOP Group Psychotherapy
- X Aftercare Recommendations / Referrals

Two key AOP documents are attached to this program statement.

- X ***Appendix A*** contains procedural guidelines for setting prisoner AOP goals and objectives.
- X ***Appendix B*** contains a topical outline for the resource materials used by BHCS Psychological Services staff during the delivery of the program's group psychotherapy interventions. The outline reflects the belief that an effective process of intervention for repeated assaultive behaviors generally proceeds through the main phases of *program orientation*, *case disclosure*, *offense precursors* and *self-maintenance*. These materials will be reviewed and updated as needed over time as per approval of the Psychological Services Advisory Committee (PAC) and BHCS.

### **II. Recommendation and Referral for AOP Assessment**

During routine reception center psychological screening of incoming prisoners, PSU staff recommend prisoners for AOP assessment if the prisoner is currently serving a sentence for any of the assaultive offenses listed below.

750136	Cruelty to children
750136(A)	Torturing of children
750136(B)	Child abuse
750136(B2)	Child abuse, 1st degree
750136(B3)	Child abuse, 2nd degree
750136(B3B)	Child abuse, 2nd degree-can cause harm
750136(B3C)	Child abuse, 2nd degree-cruelty
750136(B4)	Child abuse, 3rd degree
750136(B5)	Child abuse, 4th degree
750197(C)	Assault of jail/prison employee, etc.
750204	Sending explosives intent to injure
750207	Placing explosives causing injury
750210	Possession of bomb(s) with intent
750234(A)	Firearm discharge from motor vehicle
750234(B)	Firearm discharge from dwelling
750234(C)	Firearm discharge at law enforcement
750317	Homicide, murder 2nd degree
750321	Manslaughter
750324	Negligent homicide
750325	Manslaughter, motor vehicle
750327	Death due to explosives
750328	Death due to explosives, intent destroy
750349	Kidnaping
750349(A)	Prisoner taking another as hostage
750349(S)	Kidnaping/soliciting
750350	Kidnaping; child under 14
750397	Mayhem
750411(H)	Stalking
750411(I)	Aggravated stalking
750506(A)	Assaults while lawfully imprisoned
750517	Entering train for robbery
750529	Armed robbery; aggravated assault
750529(A)	Car jacking
750530	Robbery, unarmed
750531	Robbery, bank, safe or vault
750531(A)	Robbery, bank
75072	Burning dwelling house
75072A	Arson dwelling house
75072B	Arson dwelling house curtilage
75081	Assault & battery; domestic assault
75081(3)	Domestic violence, 2nd offense
75081(4)	Domestic violence, 3rd offense
75081(A)	Assault & inflict serious injury
75081(A2)	Domestic violence - aggravated
75081(A3)	Domestic violence - aggravated 2nd
75082	Felonious assault
75082(2)	Assault with dangerous weapon
75083	Assault/Intent to commit murder
75084	Assault/Intent great bodily harm
75086	Assault/Intent to maim
75087	Assault/Intent to commit felony
75088	Assault/Intent to rob unarmed
75089	Assault/Intent to rob armed
75091	Attempted murder
752191	Felonious driving

In addition, any prisoner who enters a Reception Center or receives a new sentence for one or more of

the listed offenses is recommended for AOP assessment.

There are cases in which a prisoner was not *convicted* for one of the listed assaultive offenses even though there is documentation in the pre-sentence investigation report that the prisoner=s behavior during one or more of the past offenses was assaultive and closely approximated behaviors described in the listed assaultive crime categories. In such cases, the screening practitioner may exercise clinical judgement and, with supervisor approval, recommend such prisoners for AOP assessment..

Prisoners who happen to meet the screening criteria for both Sex Offender Program (SOP) and Assaultive Offender Program (AOP) assessment are to be recommended for SOP assessment only.

Staff and Parole Board members may also refer for AOP assessment any prisoner to PSU considered at significant risk of assaultive behavior. PSU will conduct file reviews and/or interviews with such prisoners as needed and place those prisoners determined to be suitable for AOP assessment on the waiting list.

Changes to reception center AOP assessment recommendations may be made only with approval of the Regional Psychological Services Director, who has been delegated by the Assistant Deputy Director in accordance with PD 04.01.105 >Reception Center Services= and PD 05.01.100 >Prisoner Program Classification= to change, remove, or add AOP assessment recommendations on Page 2 of a prisoner=s Basic Information Sheet (CSJ-104).

### **III. Assessment for AOP**

A waiting list of prisoners referred for AOP assessment is maintained at each correctional institution offering the AOP. Prisoner placement on these waiting lists is according to their earliest release dates (ERDs), with those nearest to their ERDs placed highest on the list. Prisoners are drawn from the top of the waiting list to undergo admission assessment..

*Highest priority in terms of AOP participation will be offered to waiting list prisoners classified to the following security level designations: Levels I through IV.* A regional psychological services director may authorize exceptions to this and extend AOP participation to other security levels (V and VI) when deemed appropriate.

Prior to admission to the AOP, each prisoner is interviewed by a PSU therapist. The prisoner's health record and institutional file are reviewed, along with available psychological test data. The Procedural Guidelines for AOP Assessment are to be followed..

Each prisoner is given and is expected to complete a standard set of basic goals and objectives which are the same for all AOP group members, regardless of program site. As shown in *Appendix A, Procedural Guidelines for AOP Therapy Goals and Objectives*, Goals I, II and III, with their corresponding objectives are required for each prisoner enrolled in the AOP. They are written in the second person to facilitate use by AOP prisoners.

Additional optional or individualized goals and objectives selected from the *Procedural Guidelines for AOP Therapy Goals and Objectives*, or formulated by the therapist, may be necessary to complete a

personalized treatment plan for each prisoner. A typewritten Therapy Admission Report (CHJ-621), which includes a listing of the prisoner=s *required* and *optional* goals and objectives, is placed in the prisoner's health record, with a copy sent to the Parole Board. Any changes or additions to a prisoner=s list of AOP goals or objectives made during the course of therapy will be documented in subsequent Monthly Therapy Progress Notes (CHJ-622) and the Therapy Termination Report (CHJ-623).

### **PROCEDURAL GUIDELINES FOR ASSESSMENT FOR ASSAULTIVE OFFENDER PROGRAM**

<u>WHO</u>	<u>DOES WHAT</u>
Psychological Services Unit	1. Maintains waiting lists, ordered by first outdate (ERD), of each prisoner awaiting Assaultive Offender Program (AOP) assessment.
Therapist	2. Calls out the first prisoner on the program waiting list when an AOP vacancy needs to be filled.  3. Reviews prisoner=s health record and institutional file.  4. Explains the reason for the interview and the limits of confidentiality to the prisoner.  5. Interviews the prisoner to determine if the prisoner: <ul style="list-style-type: none"> <li>(a) Is interested in program participation. [This should involve offering any needed explanation of the purpose of the AOP.]</li> <li>(b) Meets established criteria for AOP assessment. [See Section II on page 2.]</li> <li>(c) Accepts responsibility for his/her assaultive behavior by acknowledging engaging in the behavior and that this behavior was illegal. [The therapist must consider the fact that prisoners are often highly defensive in such interviews and tend to utilize denial, rationalization and projection to avoid responsibility for their involvement. Often, prisoners who have the most difficulty managing their assaultiveness are the least likely to seek help. A concerted effort must be made to help the prisoner work through this defensiveness so that it does not prevent the prisoner from being accepted into the program.]</li> <li>(d) Admits to a need to change behavior, gain insight and/or acquire new skills because of his/her past assaultive behavior or potential for future assaultive behavior.</li> <li>(e) Has or can establish appropriate goals and objectives relating to his/her assaultiveness. [The prisoner may need guidance, suggestions or prompting to do so. For example, the prisoner may need to be asked if s/he has and needs help with any of the following problem areas: assaultive impulses, fantasies or behaviors; control of temper; interpersonal conflict; inability to identify or communicate feelings; self-defeating behaviors; etc. It may be necessary to share with the prisoner any concerns about the prisoner's history of assaultive behavior, test results, statements or other clinical indicators suggesting a need for</li> </ul>

psychotherapy. Goals I, II and III of the *Procedural Guidelines for Therapy Goals and Objectives* (Appendix A), with their corresponding objectives, are required for each prisoner accepted into the AOP. The prisoner must agree s/he needs to work on them in group therapy.]

- (f) Is willing to abide by the rules of confidentiality, attendance and behavior established for the psychotherapy group.

## PROCEDURAL GUIDELINES FOR ASSESSMENT FOR ASSAULTIVE OFFENDER PROGRAM, Continued

### WHO

### DOES WHAT

Therapist

6. Informs the prisoner s/he will not be accepted into the program since all the above criteria (5a. through 5f.) are not met and documents the results of the screening interview with a Therapy Non-Admission Report (CHJ-620). This report will clearly state the specific reasons for non-acceptance and the specific criteria (5a. through 5f.) which were not met. Copies of Therapy Non-Admission Reports are distributed to the health record, the parole board and the prisoner. When offenders are not accepted into the AOP when first assessed, they are to be informed directly in the Therapy Non-Admission Report that they may re-apply for program admission. To be reconsidered for AOP admission, a prisoner must submit to Psychological Services a written request to be reassessed for program admission. The prisoner must clearly indicate what is different or what has changed since interviewed which now makes him/her suitable for AOP admission.

**Note:** Following receipt of the written request and at the discretion of Psychological Services, the prisoner may be placed back on the AOP waiting list according to ERD and may be reassessed for the program when a vacancy needs to be filled. Psychological Services is not required or obligated to place any prisoner back on the waiting list.

### OR

7. Informs the prisoner s/he is being accepted into the AOP and documents the results of the interview with a Therapy Admission Report (CHJ-621). Goals I, II and III of the *Procedural Guidelines for Therapy Goals and Objectives* (Appendix A) are required for all AOP group members. Each prisoner is given a copy of the required goals and objectives at the assessment. Copies of Therapy Admission Reports are distributed to the health record, the parole board and the prisoner.
8. Has the prisoner=s name removed from the AOP waiting list.

## IV. AOP Group Psychotherapy

Prisoners who meet the guidelines for the AOP are placed in therapy groups of 10 prisoners with one therapist. **Note:** Because of expected attrition in group members, therapists may admit a maximum of 13 prisoners when starting a group. The therapy groups meet for 12 to 2 hours per week. Program duration is *one year* (44-52 sessions). Group psychotherapy techniques are employed at the discretion of the program therapists. All AOP prisoners work to complete (a) required AOP Therapy Goals I, II and III

(and the corresponding objectives) as shown in Appendix A, *Procedural Guidelines for Assaultive Offender Program Therapy Goals and Objectives*, and (b) additional goals, objectives, homework assignments, etc., as needed or recommended by the therapist.

For continuity of care, the therapist prepares a Monthly Therapy Progress Note (CHJ-622) on each therapy group member during the course of the program. Prisoners shall receive a copy of their Monthly Therapy Progress Notes to provide feedback on what they have done and need to do in order to demonstrate greater progress. In the event the prisoner's attendance, behavior in group, or program progress is unacceptable, these reports may be used to provide notice to the prisoner of the specific consequences of failing to make the positive changes outlined in the report. *Thus, it is important for*

*these reports to be completed and provided to the prisoners as soon as possible after the last group session of each month, so as to provide immediate feedback.* These reports are also to be used to document any new or revised goals or objectives. Monthly Therapy Progress Notes are distributed to the health record and prisoner only.

Documentation of satisfactory completion of the AOP is contingent upon demonstrated achievement of the goals and objectives prescribed for the AOP participants. Therapists prepare a Therapy Termination Report (CHJ-623) when a prisoner has completed the program (or discontinued program involvement for any reason). These reports summarize the prisoner's attendance, group participation, level of goal achievement and reason for termination. They also address any needed further program involvement or aftercare. Typewritten Therapy Termination Reports are placed in the prisoner's health record, with copies to the parole board and prisoner.

Psychological Services staff distribute copies of Therapy Admission, Non-Admission and Termination Reports to the health record, the parole board and prisoner (in addition to completing / distributing copies of CHJ-530 Notice of Mental Health Services forms documenting that these actions were taken).

Therapy Admission, Non-Admission and Termination Reports must be completed within 30 calendar days of the date of program assessment or termination..

**Note:** If a prisoner is terminated from the AOP for circumstances such as violating group rules or refusing to complete homework assignments, the prisoner may be given consideration for program readmission at the discretion of psychological services. There is no requirement or obligation to give the prisoner a second chance..

## **V. Aftercare Recommendations/Referrals**

The therapist is responsible for clearly outlining recommendations for further program involvement for each group member who is terminated from the AOP, regardless of reason for termination or length of program participation. These recommendations are to be included in all AOP Therapy Termination Reports.

Prisoners who have completed the AOP are not readmitted into the program during their current prison sentence.

## **VI. Program Evaluation**

A computer program was implemented using available space on the CMIS Substance Abuse (SAU) screen to electronically track all prisoner AOP referrals, admissions, nonadmissions, and terminations. This electronic system provides Psychological Services with the capability to effectively manage and evaluate the AOP.

## **Appendix A**

### **PROCEDURAL GUIDELINES FOR ASSAULTIVE OFFENDER PROGRAM THERAPY GOALS AND OBJECTIVES**

#### **REQUIRED GOALS AND OBJECTIVES:**

**I. GOAL:** *Achieve better understanding and more effective management of your assaultive behaviors.*

**OBJECTIVES:**

- A. Discuss situations or circumstances in which you have behaved in an assaultive fashion.
- B. Ask for feedback regarding what contributed to your assaultiveness (social, background, environmental, ethnic, political, cultural, socioeconomic, sexual and personality factors; feelings; thoughts; fantasies; needs; traits; triggers; criminality; etc.)
- C. Ask for feedback on how you could have dealt with these internal and external factors in non-assaultive fashion.
- D. Discuss hypothetical situations which would be likely to bring about assaultive responses and mentally rehearse or practice alternative, non-assaultive responses.
- E. Discuss your plan(s) for preventing assaultiveness in the future.

**Achievement on this goal and these objectives can be demonstrated by:**

- A. Demonstrating the ability to clearly describe any of your assaultive behaviors in detail.
- B. Accepting complete responsibility for your assaultive behaviors.
- C. Demonstrating a willingness to seek and encourage feedback and support from fellow group members.
- D. Demonstrating the ability to cope with group confrontation in a non-resistant, non-threatening, non-defensive and appropriate manner.
- E. Demonstrating the ability to produce non-assaultive, appropriate responses to hypothetical situations.
- F. Demonstrating a non-threatening, non-assaultive institutional record while enrolled in therapy.
- G. Demonstrating the ability to clearly explain what led to your assaultiveness.
- H. Preparing a comprehensive plan for managing your assaultiveness.

**II. GOAL:** *Achieve better understanding and more effective management of feelings which seem to be connected with your assaultiveness.*

**OBJECTIVES:**

- A. Discuss situations in which you have felt hurt, afraid, hopeless, lonely, unloved, alienated, numb, frustrated, angry, powerless, powerful, etc.
- B. Discuss how you responded to these situations and how you dealt with or managed your feelings.
- C. Ask for feedback as to why you felt as you did and how you could have managed your feelings in a better way.
- D. Identify and describe the physical cues which accompany anger and other uncomfortable emotions.
- E. Discuss how you would feel in certain hypothetical situations and describe how you would manage your feelings.
- F. Tell the other group members how you are feeling during group sessions and how you feel about them.
- G. Discuss your plan(s) for managing your feelings and anger.

**Achievement on this goal and these objectives can be demonstrated by:**

- A. Demonstrating the ability to properly identify, describe and label feelings (past or present), including the physical cues which accompany them.
- B. Demonstrating the ability to clearly describe the feelings associated with past assaultiveness.
- C. Demonstrating the ability to clearly explain how your feelings played a role in your assaultiveness.
- D. Demonstrating the ability to distinguish between feelings of powerlessness (hurt, fear, frustration) and anger.
- E. Demonstrating a willingness and readiness to tell the other group members when you are experiencing uncomfortable emotions.
- F. Demonstrating the ability to manage your anger both inside and outside of group sessions.
- G. Preparing a comprehensive plan for managing your feelings and anger.

**III. GOAL:** *Achieve better understanding and more effective management of thoughts which seem to be connected with your assaultiveness.*

**OBJECTIVES:**

- A. Discuss situations in which you acted upon thoughts or plans to harm someone else.
- B. Ask for feedback as to why you had these thoughts or plans.
- C. Ask for feedback as to how you could have managed your thoughts in a better way.
- D. Identify and describe the feelings and physical cues which accompany thoughts of harming someone else.
- E. Discuss thoughts you would have in certain hypothetical situations and describe how you would manage them.
- F. Tell the other group members what you are thinking during the group sessions and what you are thinking about them.

- G. Discuss your plan(s) for managing your thoughts which seem to be connected with assaultiveness.

**Achievement on this goal and these objectives can be demonstrated by:**

- A. Demonstrating the ability to clearly describe the thoughts (past or present), including the accompanying feelings and physical cues, which are associated with your assaultiveness.
- B. Demonstrating the ability to clearly explain how your thoughts played a role in your assaultiveness.
- C. Demonstrating the ability to distinguish between thoughts associated with your assaultiveness and those which are not.
- D. Demonstrating a willingness and readiness to tell the other group members when you are experiencing thoughts of harming someone else.
- E. Demonstrating the ability to manage your thoughts of harming someone else, both inside and outside of group sessions.
- F. Preparing a comprehensive plan for managing your thoughts of harming others.

**EXAMPLES OF OPTIONAL GOALS AND OBJECTIVES:**

The following are offered as examples of goals and objectives which may be associated with an individual=s assaultiveness.

**IV. GOAL: *Become more empathic.***

**OBJECTIVES:**

- A. Pay attention to the group member who is talking and try to understand what the individual is thinking and feeling.
- B. Show concern for fellow group members by making relevant comments and by asking relevant questions.
- C. Share similar experiences of your own with other group members to show you can understand and appreciate how they feel.
- D. Ask other group members in a sincere manner how they are feeling and listen to their responses.
- E. Describe how the victim felt at the time of the crime and thereafter.

**Achievement on this goal and these objectives can be demonstrated by:**

- A. Satisfactory demonstration of objectives A, B, C, D and E above.
- B. Being viewed by your group members and therapist as someone who understands, listens well and cares.

**V. GOAL: *Become more capable of understanding and managing your rebelliousness and defiance.***

**OBJECTIVES:**

- A. Discuss how you view and interact with authority figures (past and present), such as parents, family members, bosses, teachers, police, guards, staff, etc.
- B. Discuss how you feel, think, fantasize and behave around or in relation to authority figures.
- C. Discuss situations in which you have thought or behaved in a rebellious or defiant fashion.

- D. Ask for feedback as to what personality and emotional factors play a role in your rebelliousness or defiance, such as need to prove or assert masculinity, fears, insecurity, need for attention, hurt, anger, feelings of entitlement, self-image, etc.
- E. Ask for feedback as to how to think and behave in a less rebellious or defiant fashion.
- F. Discuss how you would think, feel and act in hypothetical situations in which authority figures are telling you what to do.
- G. Discuss your future life style and how you plan to conduct yourself with your friends, family, children, coworkers and authority figures.

**Achievement on this goal and these objectives can be demonstrated by:**

- A. Demonstrating compliance with current institutional rules (avoiding or reducing number of tickets).
- B. Demonstrating the ability to differentiate between (1) appropriate thoughts and behaviors which are in your best self-interest and (2) rebellious, defiant, self-defeating thinking and behavior in various hypothetical situations dealing with interpersonal conflict, child rearing, work situations, prison situations and so on.
- C. Being viewed as aware of and able to manage your rebellious or defiant tendencies by your fellow group members and therapist.
- D. Following the group therapy rules and standards of behavior.
- E. Demonstrating the ability to test reality and get the facts before jumping to conclusions.
- F. Preparing a comprehensive plan for managing your rebellious or defiant tendencies.

**VI. GOAL: *Become more assertive and self-confident.***

**OBJECTIVES:**

- A. Discuss whenever you are feeling hurt, angry, frustrated, upset, afraid or any other intense feelings.
- B. Actively participate in group discussions by making appropriate comments and asking appropriate questions.
- C. Openly disclose personal information about yourself, family and background.
- D. Ask for feedback on how you are perceived by the other group members and what you need to do to be perceived as a more self-assertive and self-confident individual.

**Achievement on this goal and these objectives can be demonstrated by:**

- A. Demonstrating the ability to openly discuss your feelings in group sessions on a regular basis.
- B. Demonstrating the ability to openly and honestly disclose information about yourself in group sessions.
- C. Demonstrating the ability to actively participate in group sessions.
- D. Demonstrating the ability to ask group members what they think of you and what you can do to become more self-assertive and self-confident.
- E. Demonstrating the ability to ask for what you want in group and to accept an answer.

**VII. GOAL: *Become more mature and responsible.*****OBJECTIVES:**

- A. Ask for feedback on when you are perceived as acting in an immature, irresponsible fashion and what you can do to be more mature and responsible.
- B. Describe how you have behaved in various situations in the past and ask for feedback on how you could have behaved in a more mature and responsible fashion.
- C. Discuss how you would behave in various hypothetical situations and ask for feedback on whether this behavior would be viewed as mature and responsible.
- D. Show up for each group session on time.
- E. Discuss only issues relevant to the group and remain on the topic in group discussions.
- F. Point out to other group members when they are off the topic.
- G. Wait your turn to talk; do not interrupt others.
- H. Admit to and discuss your past wrongdoings and mistakes.
- I. Ask for feedback on how you can avoid future wrongdoing and mistakes.
- J. Treat the therapist and fellow group members with respect.

**Achievement on this goal and these objectives can be demonstrated by:**

- A. Demonstrating the ability to distinguish between irresponsible/immature and mature/responsible behavior in past, present and hypothetical situations.
- B. Demonstrating the ability to behave in a mature and responsible fashion in group sessions.
- C. Demonstrating objectives D, E, F, G, H, I and J.
- D. Demonstrating an understanding of and the ability to solve problems in a mature and responsible fashion.
- E. Being viewed by the other group members as a mature and responsible person.

**VIII. GOAL: *Establish realistic, pro-social values which are in your best self-interest.*****OBJECTIVES:**

- A. Discuss what it is you value in life.
- B. Discuss what behaviors your values bring about and what you are willing to do to get or keep what you value.
- C. Ask for feedback on what background, emotional or personality factors led to your current set of values.
- D. Ask for feedback on whether your values are realistic, pro-social or in your best self-interest.
- E. Ask for feedback on whether your way of getting or maintaining what you value is realistic, pro-social or in your best self-interest.

- F. Ask for feedback on how you can reject your unrealistic, self-defeating values.
- G. Ask for feedback on how you can establish more realistic, pro-social values.
- H. Ask for feedback on how you can get and keep what you value in a realistic and pro-social fashion.

**Achievement on this goal and these objectives can be demonstrated by:**

- A. Demonstrating objectives A through H.
  - B. Demonstrating the ability to differentiate between unrealistic or criminal values and realistic or pro-social values.
  - C. Presenting the group with a list of realistic, pro-social values you have established for yourself.
  - D. Demonstrating these values both in and out of group sessions.
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## APPENDIX B: ASSAULTIVE OFFENDER PROGRAM RESOURCE MATERIALS TOPICAL OUTLINE

### I. PROGRAM ORIENTATION

#### TREATMENT EXPECTATIONS

- \$ **Developing Group Identity**
- \$ **Group Rules / Program Expectations**
- \$ **Group Therapy Contract**
- \$ **Entrance, Progress & Termination Reports**
- \$ **The Change Process**
- \$ **Defining Treatment**
- \$ **Program Description**
- \$ **Introduction to Relapse Prevention**
  - \$ *The Assault Cycle*
  - \$ *The Relapse Prevention Plan*

#### UNDERSTANDING THE PROBLEM

- \$ **Defining Abuse and Violence**
- \$ **Victim Impact**
- \$ **Offender Traits**
- \$ **Addressing Denial**
  - \$ *Types of Denial*
  - \$ *Levels of Denial*

### II. CASE DISCLOSURE

#### OFFENSE FOUNDATIONS

- \$ **Beginning Self-Exploration**
- \$ **Offender Background**
- \$ **Family Dynamics**

#### ASSAULT DESCRIPTIONS

- \$ **Most Violent Incident**
- \$ **Disclosing: How Do I Explain?**
- \$ **Victim Impact / Victim Empathy**
- \$ **Hurting Others**

[Continued]

## APPENDIX B: AOP RESOURCE MATERIALS - TOPICAL OUTLINE, Continued

## III. OFFENSE PRECURSORS

BEHAVIORS	THOUGHTS	EMOTIONS
\$ A Self-Inventory	\$ Antisocial Thinking (Information for therapist)	\$ Defining Feelings
\$ Assault-Related Behaviors	\$ Thoughts Generate Behavior	\$ Men and Feelings
\$ Violence in Relationships	\$ Automatic Thoughts	\$ <b>Uncomfortable Feelings</b>
\$ Control and Power	\$ Different Points of View	\$ <b>Feelings as Barriers</b>
\$ Emotional Functioning	\$ Attitudes, Beliefs and Thinking Patterns	\$ <b>Who Causes Feelings?</b>
\$ Alcohol and Drug Abuse	\$ Stereotypic Beliefs About Men	\$ Managing Negative Feelings
	\$ Thinking Errors	\$ Anger and Resentment
	\$ Cognitive Self-Change	\$ Intimacy

[Continued]

## APPENDIX B: AOP RESOURCE MATERIALS - TOPICAL OUTLINE, Continued

## IV. SELF- MAINTENANCE

THE RELAPSE PROCESS	ENVIRONMENTAL CONTROLS	INTERNAL INTERVENTIONS	SUPPORT SYSTEM DEVELOPMENT	RELAPSE PREVENTION PLAN
\$ Re-offense Potential	\$ External Risk Factors	\$ Internal Risk Factors	\$ A Support System Network	\$ Presentation of Relapse Prevention Plans
\$ Pre-Assault Build-Up	\$ Managing Environmental Risks	\$ Managing Internal Risk	\$ Community Resources	\$ Plan Re-Writing
\$ Relapse Plan Development	\$ <b>Avoidance</b>	\$ <b>Some Brief Interventions</b>	\$ <b>Selecting Support System Members</b>	\$ <b>Closure</b>
\$ <b>What's a Plan?</b>	\$ <b>Escape</b>	\$ Problem Solving	\$ Warning Signs (Clues)	
	\$ <i>Lifestyle Changes</i>	\$ Values Clarification	\$ Partner Alert List Contract	
	\$ Recording Coping Strategies	\$ Polarity of Behavior	\$ Self-Monitoring	
		\$ Helpful Beliefs	\$ Writing Life Goals	
		\$ Self-Maintenance Competencies	\$ Relapse Prevention Plan Review	

